



**Lifeline**  
Vascular Access SM

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## Top Reasons for Referral to Centers

Clotted Access . . . . .	18%
Flow Restriction . . . . .	13%
Determination of Access Placement . . . . .	9%
Mature Access . . . . .	7%
Bleeding . . . . .	7%

## 2010 Michigan Outcomes Quality Report

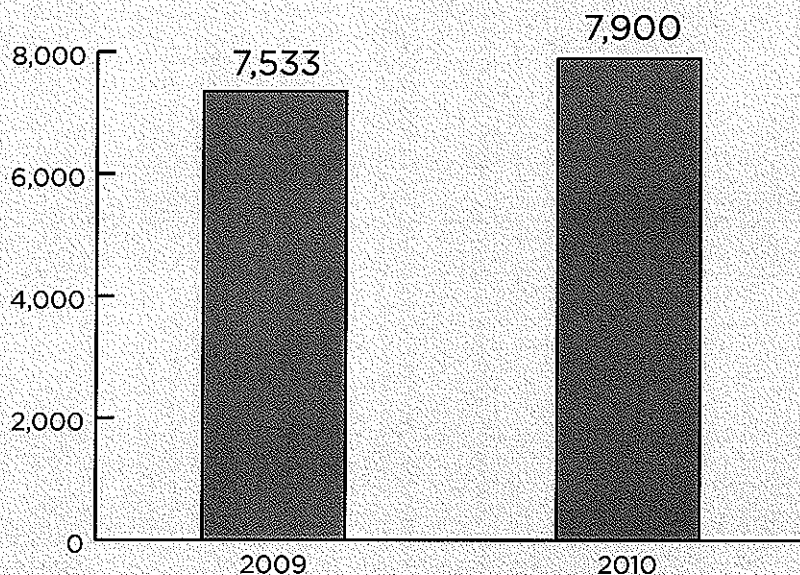
We are pleased to share our 2010 clinical outcomes with you. This is a compilation of data from our 6 managed centers in the state of Michigan (5 located in the Detroit-metro area, 1 in Ypsilanti), representing a total of 54 physicians. All of these centers currently operate as physician office-based surgery centers.

As part of the system of vascular access centers managed by RMS Lifeline Inc., all 6 centers are accredited by The Joint Commission.

## Patient Demographics

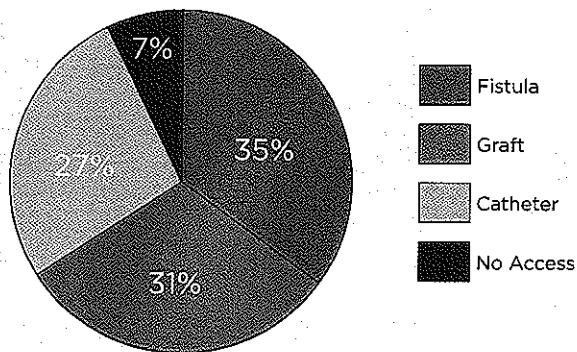
Mean age of patients treated:	62 years
Gender mix:	56% male 44% female
Diabetic patients:	55%

## Total Patient Encounters

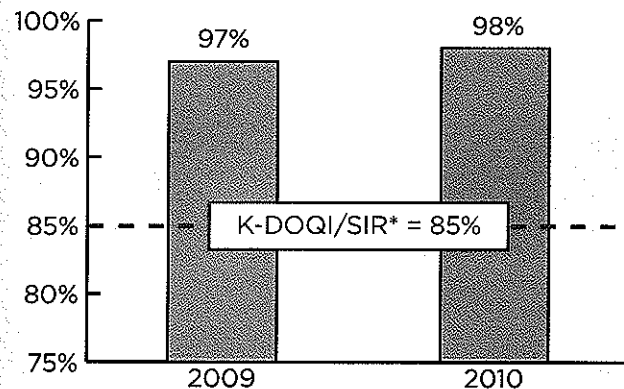


## Access Types

Patients presenting for treatment in 2010

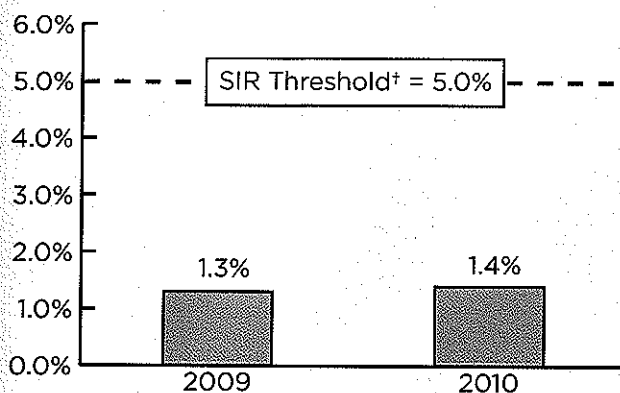


## Overall Procedure Success Rate

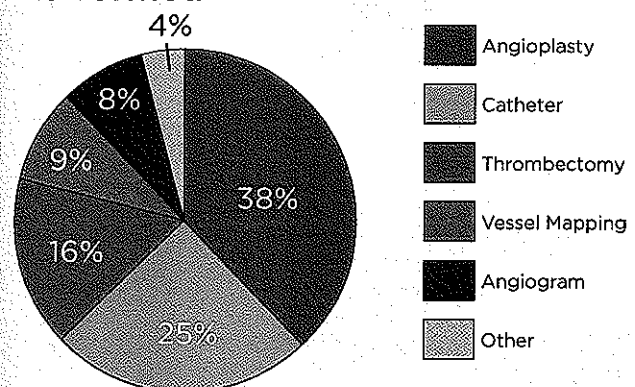


## Total Complications

Major complications = 0%

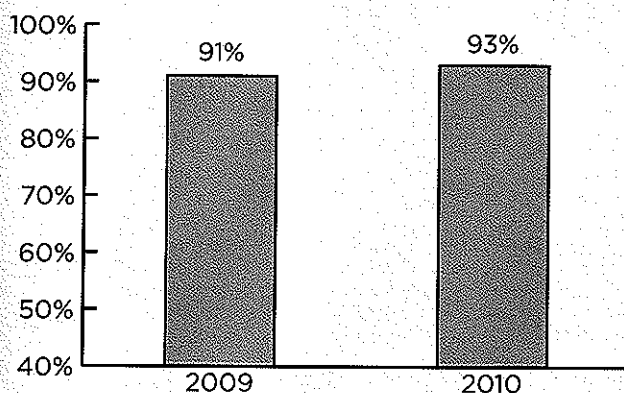


## Most Common Procedures Performed



## Patient Satisfaction Survey Results

Overall Ratings of Very Good or Excellent



## What Our Patients Say

Data from 2010 Patient Satisfaction Survey

*"Everyone at the access center was extremely nice and caring. Even when I went back for another procedure, they still remembered me and asked how things were going with me. I felt like everyone at the center truly cared! Thank you!"*

*"I really like how I was told everything that was happening to me. Thank you so much! Any other problems, I will be there!"*

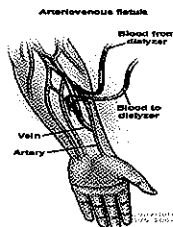
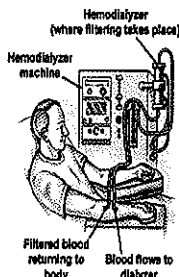
\*Using Society of Interventional Radiology (SIR) definition of success-resumption of normal dialysis for at least one session for declots and catheter placements, <30% residual stenosis on angioplasties. Graft declot success rate is 94%.

†Reflects aggregate of major and minor complications and is derived from literature, SIR committee and SIR HI-IQ system database.

## Vascular Access – Frequently Asked Questions – 2010

- **What is Vascular Access for Dialysis?**

- The “Lifeline” or connection point between body & machine
- Requires on-going maintenance to minimize infections / hospitalizations
- Three types of Access: 1) Fistulas, 2) Grafts, 3) Catheters
  - Fistulas are considered the “Gold Standard”: Better blood flow, reduced infections, last longer, fewer missed treatments



- **What are Vascular Access Centers?**

- Dedicated outpatient centers that focus on repair and maintenance of vascular access sites
- ~199 Free Standing Vascular Access centers in US

- **What are the Advantages of Vascular Access Centers?**

- More Effective: Patients receive continuity of care linked with their kidney care givers
- More Efficient: Procedures can be performed in 2-4 hours vs. ½-2 days at hospital
- Cost-Effective: Significantly lower cost than hospitals, especially if hospitalization is avoided
- Specialized: VACs are specifically designed, equipped, supplied and staffed for vascular access repair and maintenance compared to other sites of service
- Skilled and Relevant: Procedures performed by specially trained interventionalist
- Higher Quality of Care: Superior clinical outcomes for procedures<sup>1</sup>
  - 98% procedure success rate which exceed the 85% K/DOQI target
  - 1.5% complications rate which is lower than the industry threshold of 5.0%
- High Patient Satisfaction: Higher patient satisfaction than hospital setting<sup>2</sup>
  - 76% of patients state their vascular access center experience as better than their previous hospital experience (2008 survey)
  - 91% rate their VAC experience as very good or excellent
- Support Fistula-First: Perform vessel mapping, fistula maturation studies and procedures in support of goal to increase prevalence of fistulas

<sup>1</sup> Lifeline Vascular Access clinical outcome results

<sup>2</sup> Lifeline Vascular Access 2009 patient satisfaction survey

- **What are the Aligned Goals between CMS and Vascular Access Centers?**
  - Patient access to high quality care
  - Lower cost of care
  - Increasing number of fistulas in ESRD population
- **What is “Fistula First”?**
  - A CMS breakthrough initiative with a goal maximize fistula construction & success rate to achieve 66% of prevalent patients, while reducing catheter use
  - CMS estimates that a 5 percent incremental improvement in fistulas yields **\$230 million per year** in Medicare savings
- **How do Vascular Access Centers support CMS’ Fistula First Initiative?**
  - Medical literature indicates that 20% to 50% of fistulas that are created never function or fail within a very short period and the need to salvage the early failure of fistulas has increased with Fistula First
  - Vascular Access Centers provide interventional care, fistulograms and angioplasties that are instrumental in the preservation of fistulas-in addition to the vessel mapping services they provide in assisting in the placement of fistulas
  - Vascular Access Centers record in improving outcomes and reducing costs places its providers in a strategic position to support ESRD Networks in achieving CMS goals of 66% AVF compliance for new hemodialysis patients
  - With the proliferation of Vascular Access Centers growing from 6 in 1998 to an estimated 199 in 2010, the prevalence of fistulas increased from 26% to 55.3%% during this period
  - Freestanding Vascular Access Centers are the key to continuing the growth of Arteriovenous (AV) Fistula Rates, which support CMS and ESRD networks Fistula First Initiative
- **How will Rate Reductions Impact Care?**
  - Continued cuts will lead to closure of vascular access centers and compromise quality of care to patients
  - Patient access to care will be negatively impacted
    - Patients will have to seek care at less convenient, more expensive locations
  - There will be an increased cost to tax-payers